MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

10/598569

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL CLAIMS	0		7		0	

PTO - 1360 (REV. 04/2007)

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TOTAL IND.	0	•	0	•	0	•
TOTAL DEP.	0	←	0	4	0	←
TOTAL CLAIMS	0	II S DEPAR	0		0	

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